

FILED SEP 17 1957

STANDARD CERTIFICATE OF DEATH

33455

STATE FILE NUMBER

Registration District No. 318

318

Primary Registration District No. 1003

1003

Registrar's No. 8167

8167

300
-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri			c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 2310 2024 Menard Street.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Linda Lula Embry			4. DATE OF DEATH Month Day Year September 1, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 15, 1943		9. AGE (In years last birthday) 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) Charter Oak, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Loren Newman		13b. MOTHER'S MAIDEN NAME Reva Ann Embry		14. NAME OF HUSBAND OR WIFE Nil	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Reva Ann Durbin, 2024 Menard Street.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of skull and brain, suffered when rifle in hands of one Robert Wells was accidentally discharged, striking deceased in home at 2024 Menard, about 3:20P.M. Sept. 1, 1957 ACCIDENT					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART-II of item 18.) SEE ABOVE			
20c. TIME OF DEATH Hour Month, Day, Year 3:20P. 9/1/57					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 23 see above		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis, Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 4:05P on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deceased) <i>Reva Ann Durbin</i>			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 9/3/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-3-57	23c. NAME OF CEMETERY OR CREMATORY Mound Cemetery		23d. LOCATION (City, town, or county) (Specify) New Madrid, Missouri.
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		ADDRESS	25. DATE RECD. BY LOCAL REG. SEP 3 57	26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Missouri
 St. Louis, Missouri
 St. Louis City Hospital
 2024 Mendota Street
 September 1, 1943
 Linda
 White
 Female
 March 12, 1943
 School
 Charter Oak, Missouri
 Student
 Loren Weisman
 Reva Ann Weisman
 2024 Mendota Street

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed *Melvin L. Kempfer*

Licensed Embalmer No. *405-2*
 P. O. Address *Washington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.